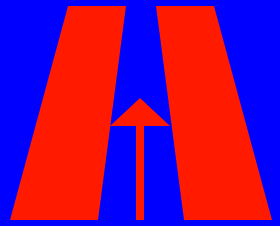


# **National High Blood Pressure Education Program**

## **Working Group Report On High Blood Pressure In Pregnancy 2000 Update**



# Working Group on High Blood Pressure in Pregnancy



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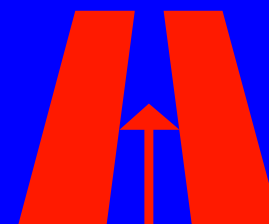
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# Acknowledgements

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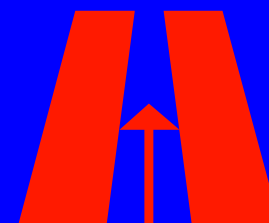
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# National High Blood Pressure Education Program Coordinating Committee



Agency for Health Care Policy and Research

American Academy of Family Physicians

American Academy of Insurance Medicine

American Academy of Neurology

American Academy of Ophthalmology

American Academy of Physician Assistants

American Association of Occupational Health Nurses

American College of Cardiology

American College of Chest Physicians

American College of Occupational and Environmental Medicine

American College of Physicians-American Society of Internal Medicine

American College of Preventive Medicine

American Dental Association

American Diabetes Association

American Dietetic Association

American Heart Association

American Hospital Association

American Medical Association

American Nurses Association, Inc.

American Optometric Association

American Osteopathic Association

American Pharmaceutical Association

American Podiatric Medical Association

American Public Health Association

American Red Cross

American Society of Health-System Pharmacists

American Society of Hypertension

Association of Black Cardiologists

Citizens for Public Action on High Blood Pressure and Cholesterol, Inc.

Health Care Financing Administration  
Health Resources and Services Administration

International Society on Hypertension in Blacks

National Black Nurses' Association, Inc.

National Center for Health Statistics,  
Centers for Disease Control and Prevention

National Heart, Lung, and Blood Institute

National Hypertension Association

National Institute of Diabetes and Digestive and Kidney Diseases

National Kidney Foundation

National Medical Association

National Optometric Association

National Stroke Association

NHLBI Ad Hoc Committee on Minority Populations

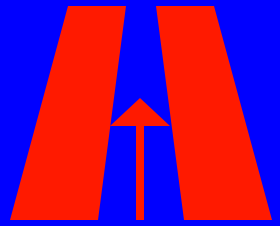
Society of Geriatric Cardiology

Society for Nutrition Education

U.S. Department of Veterans Affairs

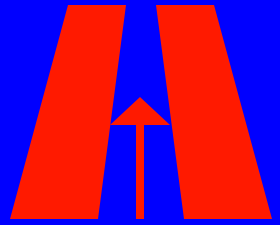


# Purpose of the Report



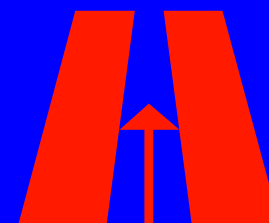
**To use evidence-based medicine and consensus to provide guidance to clinicians on managing**

- **Women with hypertension who become pregnant**
- **Women who develop hypertensive disorders during gestation**



# Classification

- **Preeclampsia-eclampsia**
- **Chronic hypertension**
- **Preeclampsia superimposed upon chronic hypertension**
- **Gestational hypertension** (only during pregnancy)
- **Transient hypertension** (only after pregnancy)



## Classification (cont.)

Based on JNC VI definition for hypertension:

**$SBP \geq 140$  mm Hg**

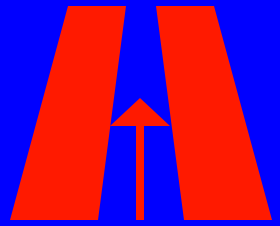
or

**$DBP \geq 90$  mm Hg**

**K5 determines DBP.**



# Classification of Preeclampsia-Eclampsia

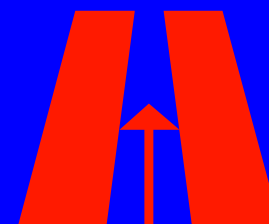


- Occurs after 20th week (earlier with trophoblastic disease)
- Increased BP (gestational BP elevation) with proteinuria

**Proteinuria is defined as urinary excretion of 0.3 g protein or greater in a 24-hour specimen, with no evidence of urinary tract infection.**



# Classification of Preeclampsia-Eclampsia (cont.)

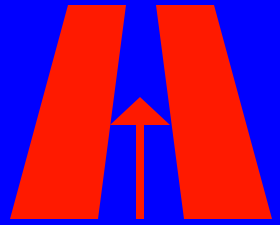


The following are more ominous signs and increase certainty of diagnosis:

- **SBP  $\geq$  160 mm Hg or DBP  $\geq$  110 mm Hg**
- **Proteinuria  $\geq$  2.0 g in 24 hours (2+ or 3+ dipstick)**
- **Increased serum creatinine**
- **Platelet count  $<$  100,000 cells/mm<sup>3</sup> and/or evidence of microangiopathic hemolytic anemia with increased LDH**
- **Elevated ALT or AST**
- **Persistent headache or other cerebral or visual disturbances**
- **Persistent epigastric pain**

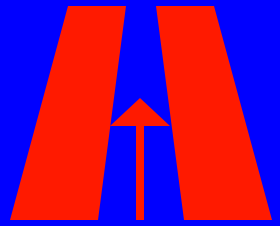


# Classification of Chronic Hypertension



**Defined as hypertension diagnosed**

- **Before pregnancy**
- **Before the 20th week of gestation**
- **During pregnancy and not resolved postpartum**

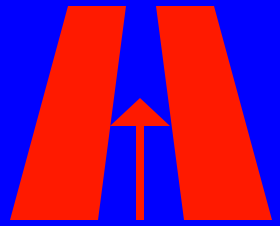


# Classification of Preeclampsia Superimposed Upon Chronic Hypertension

Hypertension and no proteinuria < 20 weeks:  
**New-onset proteinuria**

Hypertension and proteinuria < 20 weeks:

- Sudden increase in proteinuria
- Sudden increase in BP in women whose hypertension was well controlled
- Thrombocytopenia (platelet count  $< 100,000$  cells/mm<sup>3</sup>)
- Increase in ALT or AST to abnormal levels



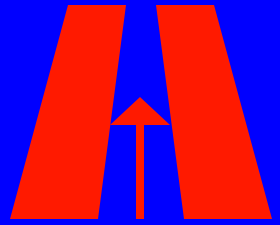
# Classification of Gestational Hypertension

Diagnosis of **gestational hypertension**:

- Detected for first time after midpregnancy
- No proteinuria
- Only until a more specific diagnosis can be assigned postpartum

If preeclampsia does not develop and

- BP returns to normal by 12 weeks postpartum, diagnosis is **transient hypertension**.
- BP remains high postpartum, diagnosis is **chronic hypertension**.



# Clinical Implications of Preeclampsia

- Preeclampsia ranges from mild to severe.
- Progression may be slow or rapid – hours to days to weeks.

**For clinical management, preeclampsia should be overdiagnosed to prevent maternal and perinatal morbidity and mortality – primarily through timing of delivery.**